



754 RICE STREET  
ST PAUL, MN 55117

**FAX/Email**

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PLEASE CONTACT ROB AT 651.717.4234 IF YOU HAVE ANY QUESTIONS REGARDING THE VEHICLE OR CREDIT APPLICATION. COMPLETE THE APPLICATION, SIGN AND DATE THE LAST PAGE BEFORE FAXING.

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Please fax all 3 pages to 651.717.4260 or email to [rob@ace-autoparts.com](mailto:rob@ace-autoparts.com)

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To: Ace Auto Parts & Salvage Co. ATTENTION: ROB

Subject: Credit Application - Used Vehicle Purchase

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Best phone number to contact you: \_\_\_\_\_

Best time to contact you: \_\_\_\_\_  A.M.  P.M.  Anytime

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Vehicle Purchasing from Ace Auto—

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Stock Number: \_\_\_\_\_

Purchase Price: \_\_\_\_\_

Comments:

# CITYWIDE FINANCE COMPANY, INC. - Credit Application



## TYPE OF CREDIT REQUESTED:

INDIVIDUAL CREDIT - *Relying solely on my income or assets.*

INDIVIDUAL CREDIT - *Relying on my income or assets as well as income or assets from other resources.*

JOINT CREDIT

DATE: \_\_\_\_\_

AMOUNT REQUESTED: \$ \_\_\_\_\_ PAYMENT AMOUNT DESIRED: \$ \_\_\_\_\_ TERM: \_\_\_\_\_

PROCEEDS OF CREDIT TO BE USED FOR: \_\_\_\_\_

## SECTION A - INDIVIDUAL APPLICANT INFORMATION

FULL NAME  
FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ (MONTH/YEAR)  
\_\_\_\_\_  OWN  RENT  OTHER SINCE: \_\_\_\_/\_\_\_\_

PREVIOUS ADDRESS - *(Complete if less than two years at present address)*  
\_\_\_\_\_  OWN  RENT  OTHER HOW LONG: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DEPENDENTS: \_\_\_\_\_ AGES: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ DATE OF HIRE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ POSITION: \_\_\_\_\_

MONTHLY SALARY GROSS: \$ \_\_\_\_\_ NET: \$ \_\_\_\_\_

PREVIOUS EMPLOYER - *(Complete if less than two years with current employer)* \_\_\_\_\_ HOW LONG: \_\_\_\_\_

ADDITIONAL INCOME - *(I do not have to reveal alimony, child support, or maintenance income unless I wish it to be considered as a basis for repayment)*

SOURCE: \_\_\_\_\_ MONTHLY AMOUNT: \_\_\_\_\_ START DATE: \_\_\_\_\_

## SECTION B - JOINT APPLICANT OR OTHER PARTY INFORMATION

FULL NAME  
FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ (MONTH/YEAR)  
\_\_\_\_\_  OWN  RENT  OTHER SINCE: \_\_\_\_/\_\_\_\_

PREVIOUS ADDRESS - *(Complete if less than two years at present address)*  
\_\_\_\_\_  OWN  RENT  OTHER HOW LONG: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DEPENDENTS: \_\_\_\_\_ AGES: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ DATE OF HIRE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ POSITION: \_\_\_\_\_

MONTHLY SALARY GROSS: \$ \_\_\_\_\_ NET: \$ \_\_\_\_\_

PREVIOUS EMPLOYER - *(Complete if less than two years with current employer)* \_\_\_\_\_ HOW LONG: \_\_\_\_\_

ADDITIONAL INCOME - *(I do not have to reveal alimony, child support, or maintenance income unless I wish it to be considered as a basis for repayment)*

SOURCE: \_\_\_\_\_ MONTHLY AMOUNT: \_\_\_\_\_ START DATE: \_\_\_\_\_

## SECTION C - MARTIAL STATUS *(Complete only if for secured or joint credit)*

APPLICANT  MARRIED  SEPARATED  UNMARRIED *(including single, divorced, and widowed)*

OTHER PARTY  MARRIED  SEPARATED  UNMARRIED *(including single, divorced, and widowed)*

# CITYWIDE FINANCE COMPANY, INC. - Credit Application



CHECKING ACCOUNT      BANK: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_  
 SAVINGS ACCOUNT      BANK: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

REAL ESTATE      DESCRIPTION: \_\_\_\_\_ CURRENT MARKET VALUE: \$ \_\_\_\_\_

### AUTOMOBILES

1. VEHICLE: \_\_\_\_\_ FINANCED: YES/NO      CREDITOR: \_\_\_\_\_ VALUE: \$ \_\_\_\_\_  
 2. VEHICLE: \_\_\_\_\_ FINANCED: YES/NO      CREDITOR: \_\_\_\_\_ VALUE: \$ \_\_\_\_\_  
 3. VEHICLE: \_\_\_\_\_ FINANCED: YES/NO      CREDITOR: \_\_\_\_\_ VALUE: \$ \_\_\_\_\_  
 4. MOTORCYCLE: \_\_\_\_\_ FINANCED: YES/NO      CREDITOR: \_\_\_\_\_ VALUE: \$ \_\_\_\_\_  
 5. REC VEHICLE: \_\_\_\_\_ FINANCED: YES/NO      CREDITOR: \_\_\_\_\_ VALUE: \$ \_\_\_\_\_  
 INSURANCE AGENCY: \_\_\_\_\_ AGENT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OUTSTANDING DEBTS

CREDITOR	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT
MORTGAGE HOLDER/ LANDLORD	_____	_____	_____
DAY CARE EXPENSES: _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you obligated to make Alimony, Support, or Maintenance Payments?  NO  YES AMT PER MONTH \$ \_\_\_\_\_  
 Are you a co-maker, endorser, or guarantor on any loan or contract?  NO  YES  
 Have you been declared bankrupt in the past 10 years?  NO  YES If yes, date \_\_\_\_\_  Chap. 7  Chap. 13

**NOTICE TO MARRIED WISCONSIN RESIDENTS:**  
*If I am a married Wisconsin resident, credit extended under this account/loan will be incurred in the interest of my marriage or family.*

**SIGNATURES** - I certify that everything I have stated on this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below I authorize you to inquire about my credit, income, and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if any financial condition changes.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_